SEP 2 2 2000

K001941

Attachment VI:

Summary of Safety and Effectiveness Information

[510(k) Summary]

SUBMITTER

Synthes (USA) 1690 Russell Road Paoli, PA 19301 (610) 647-9700

Contact: Angela Silvestri

DEVICE NAME:

Synthes Modular Foot System

COMMON OR USUAL

NAME

Plate, fixation, bone Screw, fixation, bone

DEVICE

Class II, 21 CFR 888.3030 and 888.3040

CLASSIFICATION:

Single/multiple component metallic bone fixation appliances and accessories; and Smooth/threaded metallic bone fixation

fastener.

PREDICATE DEVICE:

Leibinger's Profyle Hand and Small Fragment System

(K961497)

Synthes 2.0 mm Cortex Screw (pre-76)

DESCRIPTION:

Synthes Modular Foot System is a series of plates and screws with plates of varying lengths and thicknesses and configurations including T-, LC-DCP, Condylar, and Cuboid Plates. These plates are attached to bone via 1.8 mm buttress

pins and 2.0 mm and 2.4 mm self-tapping cortex screws.

INTENDED USE:

Synthes Modular Foot System is intended for fractures, osteotomies, and replantations of small bones including the foot,

ankle, and hand.

MATERIAL:

316L Stainless Steel



SEP 2 2 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Angela J. Silvestri Manager, Regulatory Affairs Synthes (USA) P.O. Box 1766 1690 Russell Road Paoli, Pennsylvania 19301

Re: K001941

Trade Name: Synthes Modular Foot System

Regulatory Class: II Product Code: HRS Dated: June 23, 2000 Received: June 26, 2000

Dear Ms. Silvestri:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and

Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure



2.0 Indications for	r Use Statement	Page1	of1
510(k) Number (if knov	wn):K0019	41	- · ·
Device Name:	Synthes Modular Foot Syste	em	
Indications For Use:			
	•	ystem is intended for fractul bones including the foot, a	
(PLEASE DO NOT V NEEDED)	WRITE BELOW THIS LINE	E - CONTINUE ON ANO	THER PAGE IF
Concurrence of CDRH	, Office of Device Evaluation	(ODE)	
Prescription Use	OR	Over-The-Counter Use _	······································
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(Division Sign-Off)
Division of General Mesionarive Devices